



MUNICIPAL SOLID WASTE LANDFILL ANNUAL REPORT

FACILITY NAME:	CALENDAR YEAR OF REPORT:	PERMIT NUMBER:
FACILITY LOCATION (street address):	COUNTY:	
FACILITY CONTACT (name):	FACILITY PHONE:	
FACILITY CONTACT MAILING ADDRESS (if different):	FACILITY CONTACT PHONE (if different):	
OPERATOR: (Company/Business):	OPERATOR CONTACT (Name):	

Did you operate in _____?

☐ Yes **If yes**, proceed to next section and complete the form.

☐ No **If no**, answer the following questions, sign, date and return. This completes your reporting obligations.

When did you stop operations? _____

Do you plan to restart? ☐ No ☐ Yes When? _____

PLEASE SIGN AND DATE THIS FORM AND RETURN:

Prepared by: _____ Date: _____

AMOUNT AND TYPE OF WASTE DISPOSED PER YEAR: Please report by (check one): Cubic Yards ☐ Tons ☐

PLEASE CHECK IF DISPOSED	AMOUNT DISPOSED
<input type="checkbox"/> Municipal/Commercial Solid Waste	
<input type="checkbox"/> Construction/Demolition Waste	
<input type="checkbox"/> Yard Waste (disposed)	
<input type="checkbox"/> Food Processing Waste (disposed)	
<input type="checkbox"/> Landclearing Debris	
<input type="checkbox"/> Industrial Waste	
<input type="checkbox"/> Inert Waste	
<input type="checkbox"/> Wood Waste	
<input type="checkbox"/> Ash (other than special incinerator ash)	
<input type="checkbox"/> Dredged Materials	
<input type="checkbox"/> Sewage Sludge	
<input type="checkbox"/> Asbestos	
<input type="checkbox"/> Petroleum Contaminated Soils	
<input type="checkbox"/> Other Contaminated Soils	
<input type="checkbox"/> Tires	
<input type="checkbox"/> Medical Waste	
<input type="checkbox"/> Other (specify):	
<input type="checkbox"/> Other (specify):	
Total	

(form continued on back)

DID YOU RECEIVE MATERIALS FOR RECYCLING? <input type="checkbox"/> Yes <input type="checkbox"/> No			
ADDITIONAL INFORMATION (please check if attached): <input type="checkbox"/> Attach results of ground water monitoring in accordance with WAC 173-351-415(1) <input type="checkbox"/> Attach applicable financial assurance information in accordance with WAC 173-351-600			
Are you open to the public? <input type="checkbox"/> Yes <input type="checkbox"/> No		Tip fees (Attach schedule if available):	
REMAINING PERMITTED CAPACITY: In tons: _____ Estimated Date of Closure: _____		Are you planning an expansion this year? <input type="checkbox"/> Yes <input type="checkbox"/> No	
ENERGY RECOVERY FROM LANDFILL: Power Produced Annually _____ kilowatt hours			
During the reporting year, were there any changes in your management practices that would impact your operations? <input type="checkbox"/> No <input type="checkbox"/> Yes (specify) _____			
Are there any new solid waste activities planned at your site for this calendar year? <input type="checkbox"/> No <input type="checkbox"/> Yes (specify) _____ _____			
Planned start date: _____			
DID YOU RECEIVE WASTE FROM:	WHERE FROM	TYPE OF WASTE	EST. AMOUNT <input type="checkbox"/> Tons or <input type="checkbox"/> Cubic Yards
Out of County? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Out of State? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Out of Country? <input type="checkbox"/> Yes <input type="checkbox"/> No			
PREPARED BY:		DATE:	PHONE:

To receive this document in alternate format, contact Ecology's Solid Waste & Financial Assistance Program
At 360-407-6900 (Voice), 711, or 1-800-833-6388 (TTY).